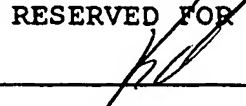# UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR **PATENT** FEE REFUND

1 Date of Request: 10/08/09		2 Serial/Patent # 10763810		

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			$
	Amendment			$
X	Extension of Time		04/06/09	$ 865.00
	Notice of Appeal/Appeal			$
	Petition			$
	Issue			$
	Cert of Correction/Terminal Disc.			$
	Maintenance			$
	Assignment			$
	Other			$

	7 TOTAL AMOUNT OF REFUND	$ 865.00

8 TO BE REFUNDED BY: Credit card
Treasury Check
Credit Deposit A/C #:

9 | | | -- | | | | |

10 REASON:

	Overpayment
	Duplicate Payment
X	No Fee Due (Explanation):

Extension of time fee paid after the maximum period for reply

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Christina Tartera Donnell   TITLE: Petitions Attorney

SIGNATURE: /christina tartera donnell/   PHONE: 571-272-3211

OFFICE: Office of Petitions - 4700

****

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APPROVED: _____   DATE: 10/9/09

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)

Electronic Patent Application Fee Transmittal

Application Number:	10763810
Filing Date:	23-Jan-2004
Title of Invention:	Detection of binding species with colloidal and non-colloidal structures
First Named Inventor/Applicant Name:	Cynthia C. Bamdad
Filer:	Hyo Suk Kim/Sarah Kim
Attorney Docket Number:	M1015.70054US01

Filed as Small Entity

Utility under 35 USC 111(a) Filing Fees

Description	Fee Code	Quantity	Amount	Sub-Total in USD($)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:				
Petition-revive unintent. abandoned appl	2453	1	810	810
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
Extension-of-Time:				

Adjustment date: 10/09/2009 LDIEP1
04/07/2009 INTEFSW 00005935 10763810
                                     -865.00 OP
02 FC:2254
  1   810   810
Refund Ref:
10/09/2009   0030075412

Credit Card Refund Total: $865.00

Am Exp..: XXXXXXXXXXX1000

Description	Fee Code	Quantity	Amount	Sub-Total in USD($)
Extension - 4 months with $0 paid	2254	1	865	865
Miscellaneous:				
Request for continued examination	2801	1	405	405
Total in USD ($)				**2080**